

FILED FEB 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 2198

BIRTH NO.		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Chariton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly Mo.		c. LENGTH OF STAY (in this place) 2-days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Keytesville, Mo. 0210			
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital				d. STREET ADDRESS (If rural, give location) 211- Water St.			
3. NAME OF DECEASED (Type or Print) a. (First) Adella		b. (Middle)		c. (Last) Heuchan		4. DATE OF DEATH (Month) (Day) (Year) Jan. 17th, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May, 25th-1871		9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days Hours IF UNDER 1 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeper		11. BIRTHPLACE (State or foreign country) Washington, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME W.T. Drace		13b. MOTHER'S MAIDEN NAME Franklen Childs		14. NAME OF HUSBAND OR WIFE M.W. Heuchan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE AND ADDRESS Robert Heuchan, Columbia, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Arterial Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days ? ? 332 X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 15, 1951 , to Jan 17, 1951 , that I last saw the deceased alive on Jan 17, 1951 , and that death occurred at 4:55 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE W. T. Drace (Degree or title)				23b. ADDRESS Moberly, Mo.		23c. DATE SIGNED Jan 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 19-1951		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Keytesville, Mo.	
DATE REC'D BY LOCAL REG. 1-19-51		REGISTRAR'S SIGNATURE Paul Williams		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Wade & Bennett, Keytesville, Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: JAN 22 1951
DISTRICT HEALTH OFFICE #
District File Number 1-57-
Date Filed: FEB 5 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

R. D. Gammitt

Signed.....
Student Embalmer

Licensed Embalmer No. *3246*

P. O. Address *Key Westville, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.